

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/744904</b>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		(1)		
2		1					52		(1)		
3		2					53		(1)		
4		(1)					54		(1)		
5		(1)					55		(1)		
6		(1)					56		(1)		
7		(1)					57		(1)		
8		(1)					58		(1)		
9		(1)					59		(1)		
10		(1)					60		(1)		
11		(1)					61		(1)		
12		(1)					62		(1)		
13	1						63		(1)		
14		1					64		(1)		
15		2					65		(1)		
16		(1)					66		1		
17		(1)					67		(1)		
18		(1)					68		(1)		
19		(1)					69		(1)		
20		(1)					70		(1)		
21		(1)					71		(1)		
22		(1)					72		(1)		
23		(1)					73		(1)		
24		(1)					74		(1)		
25		(1)					75		(1)		
26		(1)					76		(1)		
27		(1)					77		(1)		
28		(1)					78				
29	1						79				
30		1					80				
31		2					81				
32		(1)					82				
33		(1)					83				
34	1						84				
35		1					85				
36		1					86				
37		(1)					87				
38		(1)					88				
39	1						89				
40		1					90				
41		1					91				
42		3					92				
43		(1)					93				
44		(1)					94				
45		(1)					95				
46		(1)					96				
47		(1)					97				
48		(1)					98				
49		(1)					99				
50		(1)					100				
TOTAL IND.							TOTAL IND.	5			
TOTAL DEP.							TOTAL DEP.	77			
TOTAL CLMS							TOTAL CLMS	82			